

**Department of Environmental Resources Management***Pollution Regulation and Enforcement Division*

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www.miamidade.gov/derm

FILE NO: _____
NAICS CODE (S): _____
CATEGORICAL STD: _____

INDUSTRIAL PRETREATMENT FACILITY PERMIT APPLICATION

APPLICATION FOR PERMIT TO CONSTRUCT _____, TO OPERATE _____, ALL INDUSTRIAL WASTE POLLUTION SOURCES.

Name of Establishment: _____

Location: _____ Folio No. _____

North American Industry Classification System Code(s) (NAICS): _____ Type of Business: _____

Owner or Authorized Person: _____ Title: _____

Business Mailing Address: _____ Telephone No. _____

Estimated Time for Completion of Construction: _____ Expected Date to Start Operation: _____

Certificate of Occupancy No. _____ Occupational License No. _____

New Source _____ Existing Source _____ Modification _____ Relocation _____

.....
Days per year in Operation _____ No. of Shifts _____ (Normally, per day)

Days per week in Operation _____ Seasonal Operation From _____ To _____

Hours per day in Operation _____ Finished Products _____

Employees per shift _____ Estimated Production Rate: _____

Type of Waste Generated (Check all that apply)		Type of Material Stored (Check all that apply)	
<input type="checkbox"/>	Acids	<input type="checkbox"/>	Acids
<input type="checkbox"/>	Waste Oil	<input type="checkbox"/>	Oil
<input type="checkbox"/>	Solvents	<input type="checkbox"/>	Solvents
<input type="checkbox"/>	Wastewater From Stream Cleaning Operation	<input type="checkbox"/>	Caustics
<input type="checkbox"/>	Dry Cleaning Liquids	<input type="checkbox"/>	Dry Cleaning Liquids
<input type="checkbox"/>	Transmission Fluid	<input type="checkbox"/>	Transmission Fluid
<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Chemicals
<input type="checkbox"/>	Pigments	<input type="checkbox"/>	Pigments
<input type="checkbox"/>	Pesticides	<input type="checkbox"/>	Pesticides
<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>	Other (Please Specify)

IMPORTANT NOTES:

- 1) Any change of location, ownership of establishment, process modification, equipment, flow or storage capacity require new permit.
- 2) Notify DERM Water and Wastewater Engineering Section in advance to obtain the required permit within ten (10) days.

Miami-Dade County Department of Environmental Resources Management
Water and Wastewater Engineering Section – Pollution Regulation and Enforcement

Name of Company

List the sequence and name the treatment units and disposal systems and specify the number, dimensions, capacity and design criteria.
Use additional sheets if necessary.

TREATMENT OR DISPOSAL UNITS	DIMENSIONS, AREAS, CAPCITIES, ASSOCIATED EQUIPMENT AND OTHER DESCRIPTIVE DATA	DESIGN CRITERIA

STATE IF AND WHEN ANY TREATMENT UNITS WILL BE BYPASSED: _____

Name of Company[illegible]

1. Do you have current Spill/Slug Discharge Control Plan? ☐ Yes ☐ No

2. According to the Federal law, this plan must be reviewed and updated every other year at a minimum.

Miami-Dade County Department of Environmental Resources Management
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Name of Company

Raw Waste Characteristics

Total Flow	Domestic	Industrial	Total
Average	_____ GPD	_____ GPD	_____ GPD
Maximum	_____ GPD	_____ GPD	_____ GPD
Maximum	_____ GPM	_____ GPM	_____ GPM

I. GENERAL

Water Supply:

1. Sources :

Utility Company Name: _____ Number of Own Wells _____

2. Volume Used Cuber Feet per Month _____ or Gallon per Month _____

Storm Water Disposal:

1. Surface Water Disposal _____
2. Ground Disposal _____
3. Sanitary Sewer Disposal _____
4. Other _____

Effluent Disposal:

1. **Surface Water Disposal (If any)**

River _____, Canal _____, Ditch _____, Lake _____, Bay _____, Ocean _____

Give name of receiving body and location of effluent point:

2. **Ground Disposal (If any)**

Soakage Pit _____ State Permit Number _____

Percolation Pond _____

Septic Tank _____

Groundwater monitoring wells on-site: _____

(Attach sketch of locations)

3. **Public Sewer System**

Location of Sewer Connection: (Provide it on the Site Map/Sketch) _____

Size of abutting sewer: Gravity _____ Forcemain _____

Pump Station Receiving Flow: _____

Maximum Total Discharge: _____ GPM

Is Sewage Flow Metered: _____ How: _____

4. **Holding Tanks:**

Capacity of Tank : _____

Location: Underground _____

Aboveground _____

Spill Prevention Countermeasure and Control Plan (SPCCP) must be submitted for all aboveground storage tanks over 5,000 gallon capacity.

(See attached SPCCP)

Secondary containment provided for _____

Holding Capacity of Containment Area _____

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Name of Company

Other Information:

Hazardous Waste Generate EPA ID No. _____

Liquid Waste:

Disposed of in drums or containers. Attach copy of analysis and/or Hazardous Waste Profile Sheet.

1. Composition: _____

2. Quantity per week: _____

3. Method and location of disposal:

4. Name of disposal company: _____

5. Describe measures in use at the plant for waste reduction and/or reuse:

Solid Waste:

1. Composition: _____

2. Quantity per week: _____

3. Method and location of disposal:

4. Name of disposal company:

Sludge Disposal:

1. List sludge treatment units:

2. Volume and composition of final sludge disposal: (Attach copy of analysis)

3. Method and location of ultimate sludge disposal: _____

4. Name of disposal company: _____

(Include manifests of hazardous waste disposals in the previous six months).

III. OPERATION

Name of Operations & Supervisors	Qualifications	Telephone

Miami-Dade County Department of Environmental Resources Management
Water and Wastewater Engineering Section – Pollution Regulation and Enforcement

Name of Company

III. CERTIFICATIONS

1. Applicant

I, the undersigned owner or authorized representative of _____
am familiar with this facility and I am fully aware that the statements made in this application are true, correct and complete to the best of my
knowledge and belief.

Name of Owner / Responsible Official: _____

Title: _____

Signature: _____ Date: _____

2. Professional Engineer Registered in Florida

I hereby certify that the engineering features of this facility industrial waste pretreatment system have been designed by me or an individual(s) under
my direct supervision in conformity with sound engineering principles and good engineering practices.

Signature

Name and Florida Registration Number (Please Type)

Address (Please Type)

Date

Telephone Number